

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Our Principles PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00603621	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>DDC Advocacy</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 22 / 2016</b>		
Mailing Address 805 15th Street, N.W. Suite 300			Amount <b>25000.00</b>		
City Washington	State DC	Zip Code 20005	Transaction ID : <b>SE.5263</b>		
Purpose of Expenditure Online advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WI</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>DDC Advocacy</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 22 / 2016</b>		
Mailing Address 805 15th Street, N.W. Suite 300			Amount <b>11840.04</b>		
City Washington	State DC	Zip Code 20005	Transaction ID : <b>SE.5265</b>		
Purpose of Expenditure Voter contact-telephone calls		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WI</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>36840.04</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jamie Jodoin*
*[Electronically Filed]*

Date

 MM / DD / YYYY  
**03 / 23 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Our Principles PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00603621	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>DDC Advocacy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 23 / 2016</b>	
Mailing Address 805 15th Street, N.W. Suite 300		Amount <b>178086.56</b>	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>SE.5267</b>
Purpose of Expenditure Direct mail services	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Targeted Victory</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 22 / 2016</b>	
Mailing Address 1033 N. Fairfax Street Suite 400		Amount <b>4650.43</b>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SE.5257</b>
Purpose of Expenditure Voter contact-emails	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>182736.99</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>219577.03</b>

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*Jamie Jodoin*

Signature

[Electronically Filed]

Date

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**03 / 23 / 2016**